



***SAVING LIVES
AND
PROTECTING
PROPERTY***

WWW.MONTGOMERY.NJ.US

**Municipal Building
2261 Van Horne Road
(Route 206)
Belle Mead, New Jersey 08502
(908) 359-8211
FAX (908) 359-2006**

**Bureau of Fire Prevention
Roy Mondì**

AFFIDAVIT ATTESTING TO THE APPLICATION OF INTERIOR FINISH PROTECTION

This area office use only

Local ID#: _____ State ID#: _____ Date of Affidavit: _____

Business Name: _____

Street Address: _____

Phone #: _____

Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

I hereby attest that I have applied to the areas defined in the Notice of violation, following the manufacturer's directions, with the appropriate coverage of a fire retardant agent herein specified.

Give a description of the areas protection was applied to:

The following fire retardant material was used:

_____ Brand Name and Type of retardant

_____ Number & size of containers used

_____ Number of coats/rate of application

I further submit and attach a copy of the purchase receipt(s) for the above named product used and a label from the container.

I certify that all statements made by me in this affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Owner/Agent Signature

Print Full Name

Title

Date